

Application Data Sheet**Application Information**

Application number::	Unassigned
Filing Date::	Filed Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CULTURED CD14+ ANTIGEN PRESENTING CELLS
Attorney Docket Number::	020093-003610US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Gopi
Middle Name::
Family Name:: Shankar
Name Suffix::
City of Residence:: Chester Springs
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address:: 400 Char Sam Boulevard
City of Mailing Address:: Chester Springs
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19425

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patricia
Middle Name:: A.
Family Name:: Lodge
Name Suffix::
City of Residence:: Everett
State or Province of Residence:: WA
Country of Residence:: US
Street of Mailing Address:: 10332 - 21st Avenue West
City of Mailing Address:: Everett
State or Province of mailing address:: WA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 98024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Linda
Middle Name:: A.
Family Name:: Pestano
Name Suffix::
City of Residence:: Oro Valley
State or Province of Residence:: AZ
Country of Residence:: US
Street of Mailing Address:: 11630 N. Dragoon Springs Drive
City of Mailing Address:: Oro Valley
State or Province of mailing address:: AZ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 85737

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application PCT/US2004/003974	National Stage of An application claiming benefit under 35 USC 119(e)	PCT/US2004/003974 60/446,474	02/10/04 02/10/03

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::	Northwest Biotherapeutics, Inc.
Street of mailing address::	22322 - 20th Avenue S.E., Suite 150
City of mailing address::	Bothell
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98021